

Docket No.: **576-008**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT OPERATIONS

Inventor Application of:

Massimo Porro

Serial No.: 09/124,280

Filed: July 29, 1998

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) Group Art Unit: 1645
)
) Examiner: Minnifield, N.
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TECH CENTER 1600/2900

For: **VACCINES FOR PREVENTION OF GRAM-NEGATIVE INFECTIONS
AND ENDOTOXIN RELATED DISEASE**

New York, NY 10036
January 15, 2002

**COPY OF PAPER
ORIGINALLY FILED**

Commissioner for Patents
Washington, DC 20231

PETITION FOR EXTENSION OF TIME (37 CFR §1.26(a))

SIR:

Request is hereby made for the following indicated extension of time
for filing of the accompanying paper:

- | | | |
|------------------------------------------------|-------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> One Month | | |
| Fee in the amount of | <input type="checkbox"/> \$ 110.00 | <input type="checkbox"/> \$ 55.00 enclosed. |
| <input checked="" type="checkbox"/> Two Months | | |
| Fee in the amount of | <input type="checkbox"/> \$ 400.00 | <input checked="" type="checkbox"/> \$ 200.00 enclosed. |
| <input type="checkbox"/> Three Months | | |
| Fee in the amount of | <input type="checkbox"/> \$ 920.00 | <input type="checkbox"/> \$ 460.00 enclosed. |
| <input type="checkbox"/> Four Months | | |
| Fee in the amount of | <input type="checkbox"/> \$1,440.00 | <input type="checkbox"/> \$ 720.00 enclosed. |
| <input type="checkbox"/> Five Months | | |
| Fee in the amount of | <input type="checkbox"/> \$1,960.00 | <input type="checkbox"/> \$ 980.00 enclosed. |

I hereby certify that this correspondence is being
deposited with the United States Postal Service
as first class mail in an envelope addressed to:
Commissioner for Patents
Washington, DC 20231

02/12/2002 JADD01 00000056 09124280

01 FC:216

200.00 OP

on January 15, 2002

James V. Costigan, Registration No. 25,669

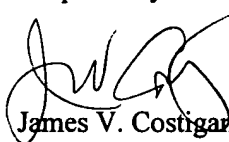
☐ Verified Statement of "Small Entity" Status Under 37 CFR §1.27(c),
Reduced Fees Under 37 CFR §1.9(f) and §1.27(c) paid herewith.

☐ Please charge my Deposit Account No. 08-1540 in the amount of
\$ _____. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$200.00 to cover the fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fee
which may be required or credited any overpayment to Deposit Account No. 08-1540.
A duplicate copy of this paper is enclosed.

Respectfully submitted,


James V. Costigan
Registration No. 25,669

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